

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90012 042 \*\*\*150.00

**DOCUMENT # P93000006891**

1. Entity Name

**HUFCOR/GULFSTREAM, INC.**

Principal Place of Business

Mailing Address

3850 NW BOCA RATON BLVD.  
 SUITE 23  
 BOCA RATON FL 33431-5848  
 US

3850 NW BOCA RATON BLVD.  
 SUITE 23  
 BOCA RATON FL 33431-5848  
 US

2. Principal Place of Business

**270 BUSINESS PARKWAY**

3. Mailing Address

Suite, Apt. #, etc.

SUITE #4

CITY & STATE  
**WEST PALM BEACH, FL**

City & State

Zip  
**33411**

Country  
**USA**

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0385280**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KNAPP, KATHLEEN I**  
**1301CENTRALPARK DR**  
**SANFORD FL 32771-6638**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>PD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>BORDEN, J. MICHAEL</b>   |                                 |
| STREET ADDRESS | <b>2101 KENNEDY RD</b>      |                                 |
| CITY-ST-ZIP    | <b>JANESVILLE WI 53545</b>  |                                 |
| TITLE          | <b>VD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>MOONEY, JOHN B</b>       |                                 |
| STREET ADDRESS | <b>1301 CENTRAL PK DR</b>   |                                 |
| CITY-ST-ZIP    | <b>SANFORD FL 32771</b>     |                                 |
| TITLE          | <b>VPD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>MICHALSKI, KENNETH J</b> |                                 |
| STREET ADDRESS | <b>2101 KENNEDY RD</b>      |                                 |
| CITY-ST-ZIP    | <b>JANESVILLE WI 53545</b>  |                                 |
| TITLE          | <b>STD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>SCOTT, FRANK R</b>       |                                 |
| STREET ADDRESS | <b>2101 KENNEDY RD</b>      |                                 |
| CITY-ST-ZIP    | <b>JANESVILLE WI 53545</b>  |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Frank R Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

608-788-8203

Daytime Phone #